

1. NUMBER: DTMT-011	2. PCN: PB20352	MSFC ENGINEERING CHANGE REQUEST (ECR) (See Instructions - MSFC Form 2327-2)		3. DATE: 6/13/01	4. PAGE 1 of 2
5. TO: FD32/Denise Morris		6. THRU: TBE/Gary Moore		7. FROM: Glynda Robbins	
8. TITLE OF CHANGE: Update Dreamtime Cue Cards to reflect current configuration					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Routine			10. NEED DATE: 6/20/01		
11. PROGRAM(S)/PROJECT(S) AFFECTED: ISS			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:		
13. RECOMMENDED EFFECTIVITY(IES):			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Inc 3 Operation Cue Cards		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) Due to changes on 7A.1 flight & Inc. 3 stage, the Cue Cards will need updated with the current configuration. Dreamtime current cue cards are out-of-date & will reflect incorrect quantities.					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input checked="" type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure) <input type="checkbox"/> Other (Specify):					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) 1.) Modify the Cue Card CC016 DreamtimeTape and Battery for Increment 3 and for Flight 7A.1 to include the current quantities of tapes and batteries. See Attachment A. Current quantities are incorrect. 2.) Modify the Cue Cards CC012 Dreamtime Middeck Activities to reflect the updated information. See Attachment B.					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: Glynda Robbins /s/		DATE: 6/13/01	TELEPHONE NUMBER: 2813352933	OFFICE SYMBOL: LM	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE